





Applicant:

Juan MANTELLE et al.

Title:

COMPOSITIONS AND METHOD FOR TREATMENT OF

ATTENTION DEFICIT DISORDER AND ATTENTION

DEFICIT/HYPERACTIVITY DISORDER WITH

METHYLPHENIDATE

Prior Appl. No.: 09/618,626

Prior Appl.

07/18/2000

Filing Date:

Examiner:

Unassigned

Art Unit:

Unassigned

CONTINUING PATENT APPLICATION TRANSMITTAL LETTER

Commissioner for Patents Box PATENT APPLICATION Washington, D.C. 20231

Sir:

Transmitted herev	vith for filing u	inder 37 C.F.R. 3	1.53(b) is a:
[] Continuation	[] Division	[X] Continuati	on-In-Part (CIP)

of the above-identified co-pending prior application in which no patenting, abandonment, or termination of proceedings has occurred. Priority to the aboveidentified prior application is hereby claimed under 35 U.S.C. § 120 for this continuing application. The entire disclosure of the above-identified prior application is considered as being part of the disclosure of the accompanying continuing application and is hereby incorporated by reference therein.

[X] Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

- [X] Specification, Claim(s), and Abstract (26 pages).
- [X] Formal drawings (2 Sheets, Figures 1-2).
- [X] Unexecuted Declaration and Power of Attorney (4 pages).
- [X] Application Data Sheet (4 pages).

Appl. No. Unassigned

The filing fee is calculated below:

	Claims		ncluded in		Extra				Fee
	as Filed		Basic Fee		Claims		Rate		Totals
Basic Fee							\$740.00		\$740.00
Total Claims:	38	-	20	=	18	×	\$18.00	=	\$324.00
Independents:	4		3	= -	1	×	\$84.00	=	\$84.00
If any Multiple [Dependent (Claim(s) present:	-		+	\$280.00	=	\$0.00
Surcharge under Declaration and				ng of	Executed	+	\$130.00	=	\$130.00
							SUBTOTAL:	=	\$1278.00
[X]	Small	Entit	y Fees A	pply	(subtrac	t ½	of above):	=	\$639.00
					TOT	AL F	ILING FEE:	=	\$639.00

- [] A check in the amount of \$0.00 to cover the filing fee is enclosed.
- [X] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

December 20, 2001

Date

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